MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03598

CERTIFICATE OF DEATH

3610

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Loretta (Middle) Cecelia (Last) Adams.

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Feb. 26, 1954

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Leroy Swann

14. MOTHER'S MAIDEN NAME: Gladys Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Joe Adams, Bel Alton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 490 X (a) Respiratory failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pneumonia, bilateral. — 5 days.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 April, 1955, to 18 April, 1955, that I last saw the deceased alive on 18 April, 1955, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

SIGNATURE L. Woodall. (DEGREE OR TITLE) MD ADDRESS La Plata. DATE SIGNED 19 April 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/21/55 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata, Md

DATE RECD BY LOCAL REG. 4/20/55 — REGISTRAR'S SIGNATURE Julia D Boney — 24. FUNERAL DIRECTOR ADDRESS Urehart Funeral Home La Plata Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03599

3611

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine 16 X - 2
STREET ADDRESS (If rural, give location) √

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) H. (Last) BLANDFORD

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	US W	Married	Jan. 28, 1877	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Md.	U.S.

13. FATHER'S NAME: Joseph H. Blandford

14. MOTHER'S MAIDEN NAME: Lavinia Mudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Pauline Blandford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Respiratory failure	10 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary occlusion	3 days.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 31, 19 55, to Apr. 3, 19 55, that I last saw the deceased alive on Apr. 3, 19 55, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE D. Woodd. (DEGREE OR TITLE) MD ADDRESS La Plata. DATE SIGNED 3 Apr 55.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/6/55	St. Johns	Clinton, Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/55	Julia H Posey	Hewitt & Ryon,	Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03690

3612

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) RANDOLPH (Last) COOKSEY

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 hrs.: Hours / Min.
M	W	M	8-23-73	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Md	U.S.

13. FATHER'S NAME: JOHN SOMERSET COOKSEY

14. MOTHER'S MAIDEN NAME: ELIZABETH SWANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		—	John Cooksey, Newburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Cardio-Vascular Renal Disease	3-18-55
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Gen. Art. Sclerosis	1952
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1955, to April 5, 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE E. Steckman (DEGREE OR TITLE) Phy. M.D. ADDRESS La Plata Md. DATE SIGNED 4-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/55	Christ Church	Waysede, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/55	Julia H Casey	Ambert Funeral Home	La Plata, Md

03601

3613

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Bluemont Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) COOKSEY

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 4-5-73

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN T DUTTON

14. MOTHER'S MAIDEN NAME: ALICE WINGATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: ———

17. INFORMANT & ADDRESS: John L. Corbey, Newburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2-24-55
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, 19 55, to 4-9, 19 55 that I last saw the deceased alive on 4-9, 19 55, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: E Edelen MD — (DEGREE OR TITLE) 1 — ADDRESS La Plata Md — DATE SIGNED 4-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/12/55 — NAME OF CEMETERY OR CREMATORY Christ Church — LOCATION (City, town, or county) (State) Waysides, Md.

DATE REC'D BY LOCAL REG. 4/12/55 — REGISTRAR'S SIGNATURE Julia H Carey

24. FUNERAL DIRECTOR — ADDRESS Earhart Funeral Home, La Plata, Md.

3614 03602

Item 18 &21 Film G181 5-10-55 a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Charles Co md. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belalton md. X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles Co

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belalton md. X

STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) HARRIET (Last) CARVER

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Wid	4-17-72	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B Welch

14. MOTHER'S MAIDEN NAME: Elizabeth Farrell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Herman W Welch. Spring Hill md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X **Immediate cause** (a) DUE TO Broncho Pneumonia — Interval Between Onset and Death: 4-18-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

904.0 (c) Fract hip — 6-54

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6....., 1954, to 4-24, 1955, that I last saw the deceased alive on ....., 19....., and that death occurred at 9.10 a.m., from the causes and on the date stated above.

SIGNATURE C Fedelin M (DEGREE OR TITLE) MD ADDRESS LaPlata Md DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-25-55.

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Laplata md

DATE REC'D BY LOCAL REG. 4/27/55

REGISTRAR'S SIGNATURE Julia H Pareng

24. FUNERAL DIRECTOR ADDRESS Arehart Funeral Home Inc. Laplata md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03603

3615

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, film(18) 5-6-55 et

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Md.
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) OLANDA (Last) PYE

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	Oct 24 1875	79Y 6M 2D yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Chas Co Md	U S A

13. FATHER'S NAME: William C

14. MOTHER'S MAIDEN NAME: Mary Ann Hoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	non	Mrs Claude Johnson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
177X Immediate cause	(a) Uremia	4-16-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cancer of Prostate	77
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1955, to 4-26, 1955, that I last saw the deceased alive on 4-26, 1955 and that death occurred at 7:15 p.m. from the causes and on the date stated above.

SIGNATURE L. O'Keleley (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 4-26-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/29/55	Old Durham Church	Dawsiders Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/55	Julia H Pasey	Arehart Funeral Home Inc	Laplate md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3616

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03604

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, Filed 6-6-55 et

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Williams Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Swann

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 14 1904

9. AGE last birthday: 1949 50 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hal T. Swann

14. MOTHER'S MAIDEN NAME: Lila Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 216-12-4537

17. INFORMANT & ADDRESS: Lila Swann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3-16-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 1950

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to 4-3, 19 55, that I last saw the deceased alive on 4-2, 19 55, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E. Fiedler M.D. ADDRESS La Plata Md DATE SIGNED 4-3-55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 4-5-55

NAME OF CEMETERY OR CREMATORY St Thomas

LOCATION (City, town, or county) Bel Alton (State) Md.

DATE REC'D BY LOCAL REG. 4/4/55

REGISTRAR'S SIGNATURE Julia H Veazey

24. FUNERAL DIRECTOR Brehart Funeral Home ADDRESS La Plata

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

03605

3617

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location) Rural Route 1

3. NAME OF DECEASED (Type or Print): (First) DeLie (Middle) (Last) THOMAS
4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 55
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Dec 1881
9. AGE last birthday: 73 yrs. — If under 1 year: Months — Days — If under 24 hours: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wilt Lyles
14. MOTHER'S MAIDEN NAME: Nancy Pinkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Loretta Barbour Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-6-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 1953

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from Natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE C. Medelen (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 4-6-55

BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 4-9-55 — NAME OF CEMETERY OR CREMATORY Mon Wesley — LOCATION (City, town, or county) Waldorf, Md (State)

DATE REC'D BY LOCAL REG. 4-9-55 — REGISTRAR'S SIGNATURE M. [illegible] — 24. FUNERAL DIRECTOR Hoyett C. Bryan — ADDRESS Waldorf Md

3618 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 036106

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 18 Film G181 5-10-55 ams
Items 1a, 12, Film G181 6-3-55 et

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) VENNEMANN

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid

8. DATE OF BIRTH: 1-20-79

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Satymier

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or date of service) —

17. INFORMANT & ADDRESS: Ben Vennemann, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

576X

Immediate cause (a) Peritonitis — Interval Between Onset and Death: 4-15-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Ruptured viscus (organ unknown) — 4-15-55

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 4-10, 1955, to 4-26, 1955, that I last saw the deceased alive on 4-26, 1955, and that death occurred at 3:35 A.m., from the causes and on the date stated above.

SIGNATURE E. Kelly (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 4-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/28/55

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG. 4/27/55

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hewitt & Ryon

ADDRESS Waldorf Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03607

3619

CERTIFICATE OF DEATH

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY La Plata, Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN La Plata Md.
LENGTH OF STAY (in this place): Three days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital, La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ballard (Middle) Galaway (Last) Washington

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Married	5-29-02	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef	Restaurant	Maryland	US

13. FATHER'S NAME: Henry Washington

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Cecilia S. Washington, Bryans Road, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3-Months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 5-Years

DUE TO

(c) Arterio Sclerosis — Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4-12-55 19....., to 4-21-55 19....., that I last saw the deceased alive on 4-21-55 19....., and that death occurred at 5-45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. Andrews M.D. — ADDRESS 17-Potomac Ave Indian Head Md. — DATE SIGNED 4-21-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/23/55	Methodist	Pomonkey Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/21/55	Julia H Casey	Barnes + Matthews	619-4th St. SW. Washington, DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03608

3620

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
Charles COUNTY — Indian Head Md. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: X Indian Head Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
Maryland STATE — Charles COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location): X /

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Mary Catherine Weeks

4. DATE OF DEATH: (Month) (Day) (Year) 19: 4-30-55

5. SEX: Female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ~~5-16-1871~~ 5-16-1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Faquar-County Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unkown

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Shirley A. Woods, (Grand Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
450.0 Immediate cause	(a)	Malnutrition	one Year
Anteeedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Senility	Indefinite
	DUE TO	Arterio Sclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954 to 4-30-55, that I last saw the deceased alive on 4-30-55, 19....., and that death occurred at 10 AM., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E. Andrews MD. Indian Head Md 4-30-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-2-55

NAME OF CEMETERY OR CREMATORY: Pisgah ME

LOCATION (City, town, or county) (State): Pisgah Md

DATE REC'D BY LOCAL REG. 5/3/55

REGISTRAR'S SIGNATURE: Mrs. Odey Price B

24. FUNERAL DIRECTOR: Hunt & Ryon

ADDRESS: Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03609

3621

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 La Plata Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) WEINER

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 25 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH:

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HERSHAL

14. MOTHER'S MAIDEN NAME: ALICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Collapse	1 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary occlusion	3 hrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to 25 Apr., 19 55, that I last saw the deceased alive on 25 April, 19 55, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE J. R. Woodby. (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 25 Apr 55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 4-27-1955
NAME OF CEMETERY OR CREMATORY Rosedale
LOCATION (City, town, or county) (State) Balto. MD

DATE REC'D BY LOCAL REG. 4-22-55
REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl.